



**DENTAL BOARD OF CALIFORNIA**  
 1432 Howe Avenue, Suite 85, Sacramento CA 95825-3241  
 Telephone: (916) 263-2300  
 Fax: (916) 263-2140



**APPLICANT'S DECLARATION REGARDING SPECIAL PERMIT**  
 (Section 1640 Business and Professions Code)

**BEFORE THE BOARD OF DENTAL EXAMINERS OF THE STATE OF CALIFORNIA**

**In the Matter of the Renewal Application of**

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)  
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\_\_\_\_\_  
 Name of Special Permit Holder

**TO THE BOARD OF DENTAL EXAMINERS OF CALIFORNIA:**

**THIS IS TO CERTIFY** that I have read the provisions of Sections 1640, 1641, and 1642 of Article 2.5, Chapter 4, Division 2 of the Business and Professions Code of the State of California; that I understand and acknowledge that when my full-time employment is terminated at the School of Dentistry, University of \_\_\_\_\_, or when I am employed less than full-time by said University, *the Special Permit will be automatically revoked.* In accordance with the provisions of Section 1642(a), I will voluntarily surrender the permit to the Board and will no longer be eligible to practice unless, or until I have successfully passed the required licensure examination as provided in Article 2 (commencing with Section 1625) of the Business and Professions Code of California. I also understand that the Special Permit only authorizes me to practice in my specialty area and only at the University or its affiliated institutions as approved by the Board.

**I DECLARE** under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

**EXECUTED AT \_\_\_\_\_, CALIFORNIA, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DAYTIME TELEPHONE



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**DECLARATION OF THE DEAN FOR SPECIAL PERMIT**  
 (Section 1640, Business & Professions Code)

**Before the Board of Dental Examiners of the State of California**

**In the Matter of the Renewal Application of**

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\_\_\_\_\_  
 Special Permit Holder

**To The California State Board of Dental Examiners:**

I, \_\_\_\_\_, DO HEREBY CERTIFY that I am the Dean of the School of Dentistry, University of \_\_\_\_\_.

In such official capacity, I certify that the following information in support of the above-named Special Permit holder for renewal of the special permit to practice dentistry pursuant to the provisions of Section 1640, 1641 and 1642 of the Business and Professions Code of the state of California is true and correct.

1. Said Special Permit holder has a current contract of employment with the above- name School of Dentistry: (check one)

- ☐ Full Time Professor  
☐ Full Time Associate Professor  
☐ Full Time Assistant Professor

**Note:** Full time employment means a minimum of four days per week

Current contract dates: \_\_\_\_\_ through \_\_\_\_\_.

2. The dental practice of the applicant is limited to the ADA recognized specialty of \_\_\_\_\_  
 3. The Special Permit holder practices in his/her dental specialty at the School of Dentistry, University of \_\_\_\_\_ located at \_\_\_\_\_ and/or at the following affiliated institutions which have been approved by the Board.

List the name and address of every affiliated institution at which the Special Permit holder practices and the dates of Board approval for the facility.

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4. I have discussed the terms of his/her employment contract with the Special Permit holder. The Special Permit holder understands and acknowledges that one of the conditions of his/her employment contract is that when his/her full-time employment is terminated at this dental school, his/her Special Permit will be automatically revoked and that he/she will no longer be eligible to practice unless or until he/she has successfully passed the required licensure examination as provided in Article 2 (commencing with Section 1625) of the Business and Professions Code of California.

5. The applicant will be employed by the dental school herein named on a full time basis, which is a minimum of four days per week.

Applicant's academic and dental practice schedule is described as follows:

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I DECLARE under the penalty of perjury, under the laws of the State of California that the foregoing is true and correct.

EXECUTED AT \_\_\_\_\_, CALIFORNIA, THIS \_\_\_\_ DAY OF \_\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Dean



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### APPLICANT'S SCHEDULE

\_\_\_\_\_  
 Special Permit Holder

\_\_\_\_\_  
 Special Permit Number

\_\_\_\_\_  
 School Name of

\_\_\_\_\_  
 Location of Private Practice

### NORMAL WEEKLY SCHEDULE

Complete the following work schedule designating whether at the school or its affiliated facility.

<u>Time</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
8:00 am					
9:00					
10:00					
11:00					
12:00					
1:00pm					
2:00					
3:00					
4:00					
5:00					
6:00					

Indicate whether:

Research Time	RT
Clinical Time	CT
Administrative Time	AT
Teaching Time	TT
Lunch	L
Private Practice	PP
Other (Explain)	O